

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700396

1. Entity Name

HIGHLANDS COUNTY MEDICAL SOCIETY, INC.

Principal Place of Business

604 S CHRISTY JO DR
PO BOX 310
AVON PARK FL 33825
US

Mailing Address

604 S CHRISTY JO DR
PO BOX 310
AVON PARK FL 33825
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 23-7026260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAHK, KYE C
6801 US 27 N, STE C-2
SEBRING FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME UPADHYAYA, DM MD ☒ Delete
STREET ADDRESS 6801 U.S. 27 N. STE A-1
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME LEE, KEVIN K MD ☐ Delete
STREET ADDRESS 3435 SOUTH HIGHLANDS AVENUE
CITY-ST-ZIP SEBRING FL 33870

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME HARTONO-RADA, DINI MD. ☐ Delete
STREET ADDRESS 4200 SUN 'N LAKE BLVD
CITY-ST-ZIP SEBRING FL 33872

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Change ☒ Addition
NAME Pedro E. Montanez, MD
STREET ADDRESS 119 US 27 North
CITY-ST-ZIP Sebring, FL 33870

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

Kevin K. Lee, MD 2/18/02 863-382-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE